



MISSOURI DEPARTMENT OF REVENUE  
TAXATION DIVISION  
P.O. BOX 3350, JEFFERSON CITY, MO 65105-3350  
(573) 526-9938 TDD (800) 735-2966  
**USE TAX PROTEST PAYMENT AFFIDAVIT**

FORM  
**2041**  
(REV. 06-2009)

**DOR USE ONLY**

MITS NUMBER _____		REPORTING PERIOD _____	
OWNER'S NAME _____		BUSINESS NAME _____	
MAILING ADDRESS _____		PHONE NUMBER (____) _____ - _____	
CITY _____		STATE _____	ZIP CODE _____
PPRE			
FPRE			

This form is to be used for filing a use tax protest payment in compliance with Section 144.700, RSMo. Return completed form to: Taxation Division, P.O. Box 3350, Jefferson City, MO 65105-3350.

VENDOR'S USE TAX	TAX TYPE	GROSS RECEIPTS	ADJUSTMENTS	TAXABLE SALES	TAX RATE	AMOUNT OF TAX
BUSINESS LOCATION	STATE USE				3%	
	CONSERVATION				1/8%	
	EDUCATION				1%	
	PARKS/SOIL				1/10%	

VENDOR'S TOTALS	ENTER TOTAL AMOUNT OF VENDOR'S USE TAX FROM ALL PAGES	1.
	SUBTRACT 2% TIMELY PAYMENT ALLOWANCE (If Applicable)	2. -
	VENDOR'S USE TAX DUE (Line 1 minus Line 2)	3. =

CONSUMER'S USE TAX	TAX TYPE	TAXABLE PURCHASES	TAX RATE	AMOUNT OF TAX
BUSINESS LOCATION	STATE USE		3%	
	CONSERVATION		1/8%	
	EDUCATION		1%	
	PARKS/SOIL		1/10%	

CONSUMER'S TOTALS	ENTER TOTAL AMOUNT OF CONSUMER'S USE TAX FROM ALL PAGES	4.
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<b>FINAL RETURN:</b> If this is your final return, enter the close date below and check the reason for closing your account. The Use Tax law requires any person selling or discontinuing business to make a final use tax return within fifteen (15) days of the purchase or closing.  Date Business Closed: _____ <input type="checkbox"/> Out of Business <input type="checkbox"/> Sold Business <input type="checkbox"/> Leased Business	TOTAL USE TAX DUE: (Add Lines 3 and 4) . . . . .	5. =
	ADD: Interest for late payment (See Instructions) . . . . .	6. +
<b>SIGN AND DATE RETURN:</b> This must be signed and dated by the taxpayer or by the taxpayer's authorized agent. Mail to: Missouri Department of Revenue, P.O. Box 3350, Jefferson City, MO 65105-3350.  If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.	ADD: Additions to Tax (5% per month late of Line 5, maximum 25%) . . . . .	7. +
	REMIT SINGLE CHECK FOR THIS AMOUNT: (Add Lines 5, 6 and 7) .....	8. =
TAX PERIOD MONTH   DAY   YEAR   MONTH   DAY   YEAR ____/____/____ THRU ____/____/____		
I have direct control, supervision or responsibility for filing this return and payment of the tax due. Under the penalties of perjury, I declare that this is a true, accurate, and complete return. RETURN MUST BE SIGNED AND DATED. SIGNATURE OF TAXPAYER OR AGENT _____ TITLE _____ DATE ____/____/____		

**PROTESTED FOR THE FOLLOWING REASONS****NOTE: Section 144.700 RSMo must be complied with or the protest payment will be deposited to General Revenue.**

NOTARY PUBLIC EMBOSSEER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	20
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		
<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>		

**DOR USE ONLY**

DISPOSITION	REASON	DATE
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**INSTRUCTIONS**

**BUSINESS IDENTIFICATION:** Enter Missouri Integrated Tax System (MITS) Account Number, reporting period, owner's name, business name, mailing address and phone number in the spaces provided on the front of this affidavit.

**BUSINESS LOCATION:** Enter the address of each business location for which you are reporting a protest payment. Attach additional copies of this form in order to report multiple locations.

**TAX TYPE:** The state, conservation, education and parks/soil taxes are preprinted in this column. Enter each city and/or county tax type which is being protested. It is your responsibility to know which taxes you are liable for at each business location.

**VENDOR'S USE TAX**

**GROSS RECEIPTS:** Enter protested amount of gross receipts by each specific tax type for each business location.

**ADJUSTMENTS:** Enter authorized adjustments. Be sure to indicate plus or minus for each adjustment.

**TAXABLE SALES:** Compute taxable sales for each entry.

GROSS RECEIPTS (+) or (-) ADJUSTMENTS = TAXABLE SALES

**TAX RATE:** The state, conservation, education and parks/soil tax rates are preprinted in this column. If you are protesting a city and/or county tax payment, enter the local use tax rate for each city and/or county tax type.

**AMOUNT OF TAX:** Multiply taxable sales by the tax rate of each specific tax type.

**LINE 1 — TOTAL AMOUNT OF TAX:** Compute total amount of taxes shown in the amount of tax column.

**LINE 2 — TIMELY PAYMENT ALLOWANCE:** If you file and pay on or before the due date, enter 2% of the amount shown on Line 1.

**LINE 3 — VENDOR'S USE TAX DUE:** Subtract Line 2 from Line 1 and enter remainder.

**CONSUMER'S USE TAX:** You must pay consumer's use tax on tangible personal property stored, used, or consumed in Missouri unless you paid tax to the seller or the property is exempt from tax. A purchaser is required to file a use tax return if the cumulative purchases subject to use tax exceed \$2,000 in a calendar year.

**TAXABLE PURCHASES:** Enter protested amount of taxable purchases by each specific tax type for each business location.

**TAX RATE:** The state, conservation, education and parks/soil tax rates are preprinted in this column. If you are protesting a city and/or county tax payment, enter the local use tax rate for each city and/or county tax type.

**AMOUNT OF TAX:** Multiply taxable purchases by the tax rate of each specific tax type.

**LINE 4 — TOTAL AMOUNT OF TAX:** Compute total amount of taxes shown in the amount of tax column.

**LINE 5 —** Follow instructions shown on front of form.

**LINE 6 — INTEREST FOR LATE PAYMENT:** If tax is not paid by the due date, multiply Line 5 by the annual percentage rate and then multiply this amount by the number of days late divided by 365 (or 366 in a leap year). The annual percentage rate is subject to change each year. The annual percentage rate can be obtained from our web site at: [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax).

**LINES 7 and 8 —** Follow instructions shown on front of form.